V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-00
County Juleu Cline	Registration Dist. No. 252
Village or City Ne Crutievice	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? wrs mos ds.
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) That married	21. DATE OF DEATH  (Month)  29  (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Lara Mary, Burney	22. O HEREBY CERTIFY. That I ettended deceased from 19 28 192 to Oct 19 1932
6. DATE OF BIRTH (month, day, end year) use 23-1862	I last saw h alive on OCT 28 , 1932; death is said
7. AGE Years Months Oays If LESS than 1 day, hrs.	to have occurred on the date stated above, ever an importance were as follows:
8 Trade profession or particular	Cerebral Ikinorrhage 10/28.3.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  3. industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Oate deceased last worked at this occupation (month and	
11 Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) - Sackak B. Mil	Dither Contributory Causes of importance:
13. NAME Thomas It. Burney	
13. NAME  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Oete of
	What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  The state of town town town town town town town town	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Claude L. Benney (Address) Church Steve Ind	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Cultreside Date 7 , 1972	Manner of injury
19. UNDERTAKER Sutto	24. Wes disease or injury in any way related to occupation of deceased?
20. FILED NOV- 1, 1932. Mamie & Bright Local Registrar.	(Signed) L. He Fraham M. D. (Address) Clentanile hid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	-1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

B.-WRITE

1. PLACE O	F DEATH Lucen Anne				Registration Dis	st. No. 2	5-1
Length of res	Church I  Idence in city or town where  ME John Edware  Church I	death occurred	nh le	No.  death occurred in a hospital or institution ds. How long In U.S. if			
(a) Resider		(Usual place		St., Ward.	If nonresident oil	ve city or town an	nd State
PERSON	NAL AND STATIST			MEDICAL C	CERTIFICATE		2 72
3. SEX Male	4. COLOR OR RACE White		RRIED, WIDOWED,	21. DATE OF DEATH	October (Month)	10.193	2. 193 (Year)
	ved, or divorced Susie Stevel			7 7000	Y CERTIFY.	. That I attended	d deceased from
7. AGE Yes 7.4	Months )	0 ays	If LESS than I day, hrs. or min.	to have occurred on the date state.  The PRINCIPAL CAUSE OF DEA were as follows:	led above, at	ot importance	Date of onset
9 Industry or work was SAW MI 10. Oate decease this occurrence of the same of	ity or town) Kent	rming monthstal county	50 y	Cardio Rona  18  Other Contributory Causes of imp			no.of
14. BIRTHPLAC	hn Thomas B  E (city or town) Kent r country)	County County	Md.	Name of operetion			n autonsy?
16. BIRTHPLAC (State o	AME Henrietta E (city or town)  Walter T. Chestertown	t Count	y Md. Son)	23. If death was due to external ca Accident, sulcide, or homicide? Where did Injury occur? Specify whether Injury occurred	Da  (Specify city or to	in also the following the of injury	ng:, 19
(Address)  18. BURIAL, CREMA  Place	TION, OR REMOVAL	- Oate Le	E-12,1922	Manner of injury			
19. UNDERTAKER (Address)	Jan. Eh.	Eve d	Just - For The Registrar.	24. Was disease or injury in eny  If so, specify  (Signed)  (Address) hest	~ B 78	on of decaased?	€M. E

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
2			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County Lucie and	Registration Dist. No. 25
Village or City Price	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?mosds.
2. FULL NAME Harry M. Cocil	
(a) Residence: No. Price	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Male White Married	21. DATE OF DEATH 2/ (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WHFE of Wollie V. Colcil	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 19th 1877	I last saw hell alive on Ook 30 1932 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
30 3 12 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Collinoma Somoch Bate of onset
9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	1932
10 Date deceased last worked at this occupation (month and Sept 32 spent in this occupation occupation)	
12. BIRTHPLACE (city or town) Roberts (State or country)	Dithol Contributory Causes of Importance: The Collows of March 1988
II 13. NAME John M. Cocil	
14. BIRTHPLACE (city or town) Lucen anne CD.	Name of operation LOGG Date of
(State or country)	What test confirmed diagnosis? Morey Was there an autopsy Lo
15. MAIDEN NAME Wary Romoselly	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homiside? Date of injury 19
17. INFORMANT A STORY OF BELLEL	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVED Place Church Hill Date From \$ ,153.2	Manner of injury Aball  Nature of injury Aball
19. UNDERTAKER Those of Address Church Hill	24. Was disease or injury in any way related to occupation of deceased? Woul
20. FILED Nov. 2, 1932 2h, H, Lood Registrar.	(Signed Orycles & Deellott M. D.  (Address) Elellet Hill be

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FOR BINDING

MARGIN RESERVED

S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Muleu · · · · ·	Registration Dist. No. 254
Village or City Gasouncle	No. St., Ward
Length of residence in city or town where death occurred ars	f death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME SOLY	still tom!
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH / 6 20 , 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 10-20-32	I last saw h alive on 19; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, etm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and spent in this programme) spent in this programme.	Oate of onset
A. Industry or business in which work was done, as SILK MILL,	X XX
SAW MILL, BANK, etc	10120137
D. Date deceased last worked at this occupation (month and year) spent in this occupation compation	
12. BIRTHPLACE (city or town) Tassunlle (State or country)	Other Contributory Causes of importance:
13. NAME  14. BIRTHPLACE (city or town)	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Pate Cook (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Date 10-70, 1987	Manner of injury
19. UNDERTAKER None (Address)	24. Was disease or injury in any way releted to occupation of deceased?
20. FILED 10-20, 1922 Jaken M. aldred	(Signed) Laurer   Aucl M. D.  (Address) Orfellis Laurer
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epitensu 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage Julu5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

MARGIN RESERVED FOR BINDING,

V. S. No. 1

N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	149
1. PLACE OF DEATH	9	
County July annes	Registration Dist. No. 21	3
Village or City Chester	NoSt.,	Ward
(If Length of residence in city, of town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and nu	
2. FULL NAME Howard Gomis	h	
(a) Residence: No.	St., Ward.	
(Usual place of abode)	If nonresident give city or town and S	tate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH W. 22 (Month) (Day)	193 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended do	eceased from
6. DATE OF BIRTH (month, day, and year) dieg 29 / 93 2	I last saw hative on19 ::	death is sald
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at	
8 Trade profession or particular	were as follows:	Date of onset
SAWYER, BOOKKEEPER, etc. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		1h/1-00
Kind of work done, as SPINVER, SAWYER, BOOKKEEPER, etc	wwwyzung wige	VVL BY
TO. Date deceased last worked at this occupation (month and year)		1932
12. BIRTHPLACE (city or town) authority 1918	Other Contributory Causes of importance:	
(State or country)		
13. NAME ( Willy or town) ambridge  14. BIRTHPLACE (city or town) ambridge  (State or country)		
14. BIRTHPLACE (city or town) dubringe	Name of operation Date of	
(State of Country)	What test confirmed diagnosis? Was there an au	opsy?
15. MAIOEN NAME POJU MAJOV  16. BIRTHPLACE (city or town)  (State op-country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide? Oate of injury  Where did injury occur?	, 19
17. INFORMANT Chiefler Williams (Address) Chiefler Will	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	Έ.
18. BURIAL, CREMATION, OR REMOVAL  Place	Manner of injury	
19. UNDERTAKER J. Chowas (Address) Slevensuple	24. Was disease or injury In any way related to occupation of deceased?	
20. FILED DE 1932 7. Galhomas Local Registrar.	(Signed) Word Sharing Miles  (Address) Sharing Miles	M. D.
If more blanks are needed, address State Registrar.	2411 N. Charles Street Baltimore Requesting 7) S No. v	

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Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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800	berth	certifico	to tor dat	to of	burg .	
		1	0		25	
		U		129		

RECORD. Every item of infor-PHYSICIANS should state Exact statement stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be TION is very important. See instructions on back of mation should be carefully supplied.

V. S. No. 1 N. B.- of OCCUPA.

STATE OF MA	RYLAND-	CERTIFICATE OF DEATH 1115	0
1. PLACE OF DEATH		93-0	
County Lucega anne	2	Registration Dist. No. 253	
Village or City Slevensy	ele	NoSt	Ward
Length of residence in city or town where death occurred		f death occurred in a hospital or institution, give its NAME instead of street and number of the street and numbers.  M. ds. How long in U.S. if of foreign birth?	oet)
1/-	7	www.mos	us.
2. FULL NAME 1/ Eure	f VEN		
(a) Residence: No. (Usaalp	lace of abode)	St., Ward.  If nonresident give city or town and State	e
PERSONAL AND STATISTICAL PAR	RTICULARS	MEDICAL CERTIFICATE OF DEATH	
Track MIV. + OR DIVO	MARRIED, WIDOWED, RCED (write the word)	21. DATE OF DEATH OUT. 21 (Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elizabeth To	Elus	22. I HEREBY CERTIFY. That I attended dece Manual 10, 193(-, to, 000, 21	
6. DATE OF BIRTH (month, day, and year) AW / S 7. AGE Years Months Days	- /8 3 8	to have occurred on the date stated above, at 7.9.m.	ath is said
94 9 6	1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	te of onset
8. Trade, profession, or particular kind of work done, as SPINNER lossylves, BOOKKEEPER, etc.	naker	chronic unocarditio	0.20
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  Jodustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10, Oate deceased last worked at this occupation (month and	· · · · · · · · · · · · · · · · · · ·	7	700
10. Oate deceased last worked at this occupation (month and year)	tal time (years) spant in this occupation		
12. BIRTHPLACE (city or town)		Other Contributory Canses of Importance;	
(State or country)	ny	curitis acula	132
13. NAME Menown	1		
13. NAME MUOUN  14. BIRTHPLACE (city or town) Jerman  (State or country) Lerman	U	Name of operation Date of Date of What test confirmed diagnosis? Was there an autop	
15. MAIOEN NAME UMCON	76	23. If death was due to external causes (VIQLENCE) fill in also the following:	Syfania
15. MAIOEN NAME MACOUNT  16. BIRTHPLACE (city or town)	1	Accident, suicide, or homicide?	19
S (State or country) Sergma	w	Where did injury occur?	
17. INFORMANT Mary homa (Address)	ville	(Specify city of town, county and State) Specify whether injury occurred in INDUSTRY, in HOME or In PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	X	Manner of injury	
Place Deliversured Oate OC	4-2-,1932	Nature of injury	
19. UNOERTAKER J. C. Morras (Address) Stevensvil	& md	24. Was disease or injury in any way related to occupation of deceased?	4
20. FILEO (OC) 21, 1932 7.C. DY	louras	(Signed) Wellow Grown Grown	W.D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Registrar

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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=	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should st	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUF	TION is very important. See instructions on back of certificate.	
N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inf	-	and the same	5	
ż	(	1	1)	

STATE OF MARYLAND—	CERTIFICATE OF DEATH			
1. PLACE OF DEATH	(10)			
County Lucen Unne	Registration Dist. No. 252			
Village or City Centrepille	No. St., Ward			
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?mosds.			
2. FULL NAME Polert Marke Ho	ryden			
(a) Residence: No.	St., Ward.			
(Usual place of abode)	If nonresident give city or town and State			
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH			
male White OR DIVORCED (verice the word)	21. DATE OF DEATH  Oct. 18—, 193 2  (Month) (Ddy) (Year)			
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from  Oct. 14-  193- 193- 193- 193-			
6. DATE OF BIRTH (month, day, and year) Suly 2, 5-1918 7. AGE Years Months Days If LESS than	I last saw h in alive on Qcf 7 ,193 ; death is said to have occurred on the date stated above, at 1 m.			
14 2 22 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance wara as follows:			
8 Trade profession or particular	Date of onset 10/14-72			
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (many thank)				
10. Date deceased last worked at this occupation (month and year)				
12. BIRTHPLACE (city or town) Centreville	Other Contributory Causes of importance:  Cherring of Broncho Freeumonia			
(State or country) Maryland	0			
13. NAME Benj. Thomas Hayden				
(State or country)	Nama of operation			
- Maryan	What test confirmed diagnosis? Was thera an autopsy?			
16. BIRTHPLACE (city or town) Baltimore	23. If death was due to external causes (VIOLENCE) fill in also the following:			
O 16. BIRTHPLACE (city or town) J. Daltimore  (State or country)	Accident, suicide, or homicide?			
17. INFORMANT Mrs. Benj. J. Hayden	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.			
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury			
Place Intriville Date 10-d , 1932	Nature of injury			
19. UNDERTAKER Post W. Edding (Addiess) Centrerile md.	24. Was disease or injury in any way related to occupation of deceased?			
20. FILED 10-18-, 1932 Prof. W. Edding	(Signad) Wind Fisher M.D.  (Address) Parteurle M.D.			
If more blanks are needed, activess State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.				

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DATE OF STREET			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

MARGIN RESERVED FOR BINDING
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1. PLACE OF DEATH  County Stevensor Coun		STATE OF MARYLAND—	CERTIFICATE OF DEATH 11152		
Village or City Stevensor Country  Village or City Stevensor City of the Stevensor City of City of the Stevensor City of the Stevensor City of City of the	1	. PLACE OF DEATH			
Village or City. Stevensweller  Longth of residence in city or town where death occurred stars and number)  2. FULL NAME Have a discovered death occurred stars and number)  (a) Residence: No.  Stevensweller  (b) Residence: No.  Stevensweller  (b) Residence: No.  Stevensweller  (c) Residence: No.		County I een anne	Registration Dist. No. 144 253		
Langth of residence in city or town where death occurred 2 yrs. most determined to a hope in a hope in or maintainton, give in NAME intered of attent and number?  2. FULL NAME Mary Character of the winds in U.S. If of foreign birth? yrs. most determined to the winds in U.S. If of foreign birth? yrs. most determined to the winds in U.S. If of foreign birth? yrs. most determined to the winds in U.S. If of foreign birth? yrs. most determined to the winds in U.S. If of foreign birth? yrs. most determined to the winds in U.S. If of foreign birth? yrs. most determined to the winds in U.S. If of foreign birth? yrs. most determined to the winds in U.S. If of foreign birth? yrs. most death in State PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  S. If married witness, or diversed and physical properties of the winds of			No. St. Ward		
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PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OF RACE  S. SINGLE, MARRID, WIDOWED, OR, DIVORCED (write the wyld)  Jewale  While  S. SINGLE, MARRID, WIDOWED, OR, DIVORCED (write the wyld)  Jewale  While  Jewale  While  Jewale  While  Jewale  Jewale  While  Jewale  Jewal	•	10+1	St Word		
3. SIX 4. COLOR OR RACE S. SINCIE, MARRED, WIDNED DED DR. DIVORCED Control the might of the control of the cont					
Sent and White State of Country  Sent and White State of Country  Sent and			MEDICAL CERTIFICATE OF DEATH		
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7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	5a.	HUSBAND OF L			
7. AGE Years Months Days If LESS than to have occurred on the date stated above, at	6. D	DATE OF BIRTH (month, day, and year) March. 14 - 1844	Plast saw n. W alive on OVA 20 1932 death is said		
8. Trade, profession, or particular kind of work done, as SPANNER, thuse Mork  SAWYER BDAKEFER, etc.  4. Moustry or business in which was done, as SPANNER, thuse Mork  4. Andustry or business in which was done, as SILK MILL, SAW MILL, BANK, etc.  110. Date decessed last worked at this occupation (month and year)  12. BIRTHPLACE (city or town)  13. NAME Manufacting about Northward (State or country)  14. BIRTHPLACE (city or town)  15. BIRTHPLACE (city or town)  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURTHPLACE (city or town)  19. Understanding about Northward (Address)  19. Understanding at Mulkey (State or country)  20. FILED A. 2. 1932  20. FILED A. 2. 1933  20. FILED A. 3. 1933	-	GE Years Months Days If LESS than	1 3 2		
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(State or country)  13. NAME Phary Colinabeth Northerns  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, GREMATION, DR REMOVAL Place Schematic Date Oct. 23, 1932  19. UNDERTAKER (Address)  20. FILED C 222, 1932  21. The content of	12.	BIRTHPLACE (city or town Mue arundel Co, Mid	Othe Contributory Causes of importance:		
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16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, GREMATION, DR REMOVAL  Place  (Address)  19. UNDERTAKER  (Address)  20. FILED  (Address)  18. BIRTHPLACE (city or town)  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  (Address)  (Address)  (Specify city or town, country and State)  Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE  Nature of injury  Nature of injury  (Signed)  (Signed)  M. D.  (Address)		1 to amore y	What test confirmed diagnosis? Was there an au'opsy?		
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(Address) Stevensville Mid. If so, specify  20. FILED Q d 22, 1932 J. Cychowas  Signed)  (Signed)  (Address) Mullim M. D.  (Address)	18.	Starra illa Mal 22 sa	0 10 100 0		
20. FILED Q Q 22, 1932 J. C. Showas (Signed) Who With the William M. D. Registrar. (Address) Mullim M. D.	19.		24. Was disease or injury in any way related to occupation of deceased?		
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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURE WAS			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING certificate. See instructions on back of TION is very important. N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH						
1	. PLACE OF				93.0	,
	County	ween an	ne		Registration Dist. No. 254	-
	Village or Ci	ity Grason	sville	md .	NoSt.	Ward
			72		f death occurred in a hospital or institution, give its NAME instead of street and number	1)
	Length of resid	dence in city or town where	death occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmos	ds.
2	. FULL NA	ME /Coan	Nright	eou on	prince	
	(a) Residence	ce: No. Tras	onvill	e-mi	St., Ward.	
	PERSON	AL AND STATIST	(Usual place of		If nonresident give city or town and State	
-	SEX	AL AND STATIST			MEDICAL CERTIFICATE OF DEATH	
3.	m	4. COLOR OR RACE	5. SINGLE, MARRI OR DIVORCED	(write the word)	21. DATE OF DEATH Oct - 4 - 193	2
-	///		mar	rus		Year)
oa.	HUSBAND of (or) WIFE of	ed, or divorced Anni	ic E. Si	lker	22. HEREBY CERTIF That I attended decease	ed from
6.	DATE OF BIRTH	month, day, and year)	Dec. 16	" 1857	Magnet Ll 22-	h is said
7	AGE Year	rs Months	Days	If LESS than	to have occurred on the date stated above, at 1-30. Pm.	
	72	9	14	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
z	8. Trade, profes	sion, or particular	IN It.	/	Date	of onset
5	SAWYER,	ork done, as SPINNER, BOOKKEEPER, etc	Marion	man	My Dearditio pi	4
OCCUPATION	9. Industry or b work was	business in which done, as SILK MILL.			///	932
work was done, as SILK MILL, SAW MILL, BANK, etc			11 Tatalaim	- (usas) 0°	·	10
ŏ		pation (month and 74	11. Total times spent occupa	in this lake		
12.	BIRTHPLACE (cit	yor town) Du	un 6	lum le	Other Contributory Causes of importance:	
	(State or coun		mo	C.	Thy Berleusion with 12	111.0
ER	13. NAME	john	~ Hos	ruy	"hemoslegia"	Tho
FATHER	14. BIRTHPLACE (State or		a.C	0	Name of operation	yai
22	15. MAIDEN NAM	71.	1 19 2	enn	What test confirmed diagnosis?	?
MOTHER		118	1000	In the	23. If death was due to external causes (VIOLENCE) fill In also the following:	
MOM	16. BIRTHPLACE		KLEE M	mu so	Accident, suicide, or homicide? Date of injury, 1	9
(State or country)			11 1/0-		Where did injury occur? (Specify city or town, county and State)	
A1. 111 Oktion 1			~ (1	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18	19 DIDIAL CHEMATIAN OD COMMUNA A					
Place St - / eler Churach 10 - 6 - 10 32 Manner				Manner of injury		
Rah - TE Visit			Elli	Nature of injury		
19.	19. UNDERTAKER (Address)			put.	24. Was disease or injury In any way related to occupation of deceased?	
20.	FILED Oct.	6 1932. Ne	en M. ale	dridge	(Signed) Lo Co Duyley	M. D.

Local Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale inerchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
DEREAU V.	3.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL.	SPACE FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
	THE PROPERTY OF LIFE	L O L I I I I I I	AS I ZA I DITALISTA I S	12.1	E II I STOLETA

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

N. B.

STATE OF	MARYLAND—CERTIFICATE OF DEATH
LACE OF DEATH	210-20

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-20
count July Curres	Registration Dist. No. 253
Village or City Slevensvelle	NoSt Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?yrsds.
2. FULL NAME Flederic W. Hurle	y
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE ORDIVORCED! (write the word)  Jule  4. COLOR OR RACE ORDIVORCED! (write the word)	21. DATE OF DEATH OF 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
7	, 19, to, 19
6. DATE OF BIRTH (month, day, and year) Eby 9-1924	I last saw h; death is said
7. AGE Yaars Mooths Days If LESS than 1 day,hrs.	to heve occurred on the date steted above, atm.
ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, es SPINNER, Pubil in School SAWYER, BOOKKEPER, etc.	autohiabile Conidert
S-Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	(Juguet held,
this occupation (month and of 3 spant in this occupation (month and of 3 spant in this occupation occupation occupation occupation)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Factures Spill
# 13. NAME Valler 6. Hurley	7,555,555,555
13. NAME VAUUR 6. Hurley 14. BIRTHPLACE (city or town) Always (State or country)	Name of operation Date of
15. MAIDEN NAME Males Whites	What test confirmed diagnosis? Was there an autopsy?  23. If death was due to external_causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)  *State or country)	Accident, suicide, or homicident cliebles Date of injury College 19 22
17. INFORMANT Mrs W.S. While (Address) Moorestown h. X.	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL DEP Date Oct 14, 1932	Manner of injury
19. UNDERTAKER JANON 1900, (Address) Centreville und	24. Was disease or injury in any way related to occupation of deceased? WO
20. FILED OCT 13, 1932 F. C. Thomas Local Registrar.	(Signed) Me dove le le le le M. D.  (Address) Sivinsoull Jud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "cmployee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	3 6	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

1	. PLACE OF DEATH	CERTIFICATE OF DEATH
	County 9 a B	Registration Dist. No. 250
	Village or City Ly Glarels	No. St. Wa
	Length of residence in city or town where death occurred was mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs
4	Down of	1 P
	FULL NAME Vall Hory Le	wy
	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	SEX  4. COLOR OR RACE  OR DIVORCED (write the word)  If married, widowed, or divorced	21. DATE OF DEATH  (Year)  (Year)
	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased for
6. 1	DATE OF BIRTH (month, day, and year) 10/12 2 82	, 19, to, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19
_	AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
	tall Pory 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
CO	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	The state of the s
A	9. Industry or business in which work was done, as SILK MILL, Pull Horn SAW MILL, BANK, etc	Noug
OCCO	NO Date deceased last worked at this occupation (month and spent in this	
	year) occupation	Other Contributory Causes of importance:
12.	(State or country)	
ER	13. NAME Palale Feile	
FATHER	14. BIRTHPLACE (city or town) Charlet / Vess	Name of operation Date of
	(State or country)	What test confirmed diagnosis? Was there an autopsy?
MOTHER	15. MAIDEN NAME Corapl Crew	23. If death was due to external causes (VIOLENCE) fill in also the following:
	16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19
	(State or country)  INFORMANT / California Leibre (Address)	Where did injury occur?
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Date UY a 1993	Nature of injury
19.	UNDERTAKER WILL THE WOOD OF TH	24. Was disease or injury in any way related to occupation of deceased?
20.	FILED Oct 28, 1932 Journe of Two Us.	(Signed) A Myseclife Market

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u></u>
County Lucen Clyny	Registration Dist. No. 255
Village or tity fond Jown	NoSt., Ward
Length of residence in city or town where death occurredy(s)mos	death occurred in a hospital or institution, give its NAME instead of street and number)
m, IT	ds. How long in U.S. if of foreign birth? yrs mos ds.
2. FULL NAME MANY V. Lync	
(a) Residence: No. / Auft (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct. 30 ,193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Walliam E. Lynch	22. In HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Oct 13 1872	I last saw h alive on
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at_1120 Hm.
60 0 17 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 1D. Date decased last worked at this occupation (myth and this occupation	Concernance of latering Date of onset
4 9. Industry or business in which	
work was done, as SILK MILL, home	
1D. Date deceased last worked at this occupation (month and party) 11. Total time (years) spent in this Rife occupation	
12. BIRTHPLACE (city or town)	Dther Contributory Causes of importance:
(State or country) Lucen Jun Co - Mc.	Duchina.
# 13. NAME Sulip Shrimm	Castorpia
13. NAME IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Name of operation Date of
(State of country) with the country.	What test confirmed diagnosis? Was there an autopsy?
I 15. MAIDEN NAME Chine Harmon	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Chine Harmon  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
(State or country) Jule or and	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address) Millington C. F. D. Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place Mempalow Compate ADV 21932	Nature of injury
19. UNDERTAKER Sparko & Lova	24. Was disease or injury in any way related to occupation of deceased?
(Address) Crimpton	If so, specify
20. FILED COE 31, 19 32 17 mg Slucke	(Signed) M. D.
Registrar.	(Address) - Freglexilly Med.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

state

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF PEATH	
County Lucen (Prince	Registration Dist. No. 254
Village or City Carmichael	NoSt.,Ward
Length of residence in city or town where death occurred	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foreign birth?
(a) Residence: No.	TL-St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Colored 5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Yeer)
5a. If married, widowed, or divorced HUSBAND of Or WIFE-of	22. I HEREBY CERTIFY, That I attended deceased from
denot know my of	(set- 2. 1932, to Qer 17- 1932
6. DATE OF BIRTH (month, day, end year)	I last saw h alive on QC/ 2- ,195 2-, death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 3m.
77 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Foundary work SAWYER, BODKKEEPER, etc	Junor of Brain; probably dona
kind of work done, as SPINNER, Journally work SAWYER, BODKKEPER, etc Journally work some as SILK MILL, SAW MILL, BANK, etc 10. Date deceased lest worked et this occupation (month and second in this second in the second in this second in thi	luctice. Devotion : Cannot say : only Knos
10. Date deceased lest worked et this occupation (month and aug132 spent in this occupation 124)	Sow han once. Cuf of
12. BIRTHPLACE (city or town) Carmichael (State or country)	Dther Coutributory Causes of importance;
13. NAME as, Orice 14. BIRTHPLACE (city or town) a. a. County	Name of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Releasa Glassos  16. BIRTHPLACE (city or town) as a Country	23. tf death was due to external causes (VIDL ENCE) fill in etso the following:
0 16. BIRTHPLACE (city or town) as a continu	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Hattie George M. F. J. (Address) Queen alone of the M. P. J. W.	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Carmichael Date 10-12-, 1932	Nature of injury.
19. UNDERTAKER Port. W. Cadlens	24. Was disease or injury in any way related to occupation of deceased? 75
(Address) Centreville, md.	If so, specify
20. FILED Oct. 18, 132 Welen M. aldridge	(Signed) W. D.
Registar.	(Address) Continue Miss

0

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5,1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. INT RECORD RESERVED FOR BINDING WITH UNFADING INK--THIS IS A PERM MARGIN PLAINL WRITE

V. S. No. 1

N. B

	PLACE OF DEATH	STATE OF MARYLAND
	County Over your	CERTIFICATE OF DEATH
	Keny Church Huce	Registration Dist, No. 27
	Village or City (No.	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and
1	2FULL NAME Ohn M. Mac	NEW number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	MARRIED MARRIED WIDOWED.  OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH OCT /2, 1532
1	6 DATE OF BIRTH	(Month) (Day) (Year)
	(Month) (Day) (Year)	that I last saw h Malive on Old 10, 1931,
	7 AGE If LESS than 1 dayhrs.	and that death occurred on the date stated above, atm.  The CAUSE OF DEATH * was as follows:
1	yrsds. ormin.?	I D T
	(a) Trade, profession or particular kind of work	VIL D. WALLANDER
-	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mgs O ds.
	9 BIRTHPLACE (State of State o	Contributory
	FATHER Rechord Rechert	(Signed) 1 W OM Declar Heavel
	OF FATHER  (State or county Cel Alignel Ce	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
	of MOTHER Wall Allow	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State of County LL Allee Co	At place of deathyrsmosds. In the Stateyrsmosds.
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Richard Michel	Former or usual residence
-	(Addres Pletteessa Raked	Salsin Col. Erm. Oct 13, 193 29
	Filed Oct 12 1982 We He Good Registrar	Loundertaker Churchtil
	If more bianks are needed, addre.s State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

11150

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. eup. Sion is very important, so that the relative healthshould be used only when needed. sary to know (a) the kind of work and also (b) the tired 6 yrs). For persons who have no occupation laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salcsman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scruant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on without more precise specification as Doy (b) Automobile factory. The material Locomotive engineer, As examples: (a) (4) The ques-Grocery,

Striement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); "Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the tclanus) may be stated under the head of "eontributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL scpticaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary Chronic interstitial nephritis, Whooping cough; ..... (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railwoy train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS State MEANS OF INJURY or intercurrent) affection need not be Chronic valvular heart disease, Example: Measles (disease etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state Exact statement of OCCUPA--WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING certificate. MARGIN RESERVED See instructions on back of mation should be carefully supplied. TION is very important.

V. S. No. 1 N. B.-

STATE OF MARYLAND	-CERTIFICATE OF DEATH 11159
1. PLACE OF DEATH	NOV.
County Queen Cluves	Registration Dist. No. 2 5
Village or City Chester	No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	nosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mofeed willey	
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct 30 193 2/
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. OI HEREBY CERTIFY That I attended deceesed from
6. DATE OF BIRTH (month, day, end year) Supt 22 -/93	2   lest sew h. Q.7 elive on Och 29 1932 death is said
7. AGE Years Months Days If (ESS than	to have occurred on the date stated above, atm.
	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER refault SAWYER, BOOKKEPER, etc.	Date of onset
SAWYER, BOOKKEEPER, etc	1 Part al Charles
kind of work done, as SPINNER fact SAWYER, BOOKKEEPER, etc. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Dato deceesed last worked at this occupation (month and	1000 acutax practitions
10. Dato decessed last worked at this occupation (month and year)	7
12. BIRTHPLACE (city or town) Clester (State or county)	Other Contributory Causes of importance:
The state of the s	
E CONTRACTOR OF THE PROPERTY O	
(State or couptsy)	Neme of operation Date of Date
15. MAIDEN NAME Jeegen While	What test confirmed diegnosis? Was there an eutopsy?  23. If death wes due to external ceuses (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME Leen While 16. BIRTHPLACE (city or town) Kurt Island (State or, country)	Accident, suicide, or homicide?
(State Of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT CALLES CALLES	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Plece Date UCI. 3/, 193	Nature of injury.
19. UNDERTAKER J. J. Mornas	24. Was disease or injury in eny way related to occupetion of deceased?
(Address) Morenvolfe, mo	If so, specify
20. FILED CA 30, 19 32 J. Collegues Registrar.	(Signed) A M. D. (Address) Alexenter orle

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To he complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important. See instructions on back of

certificate.

1. PLACE OF DEATH	(93-c)	
County Green ann	Registration Dist. No. 2	50
Village of City Grand Michael	NoSt., If death occurred in a hospital or institution, give its NAME instead of street a	
	s. ds. How long in U.S. if of foreign birth?yrs.	
2. FULL NAME Elm shell Vasse		
(a) Residence: No Man Inselection	St. Ward.	
(Usual place of abode)	If nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	1
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (School) (Day)	, 193 <b>2</b> (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY That I attend	
DATE OF BIRTH (month, day, and year) In M. 8. 1853	I last saw her alive on Oth - 10 ,190	22 ; death Is sai
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 7.42 Am.	
79 trol ment 3 5 1 udy	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  1D. Date deceased last worked at this occupation (month and	Como Mysian deles	1930
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	3, 4	
1D. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Brother Means (State or country)	Other Contributory Causes of importance:  Cleaks Usbalakury	Luda
13. NAME Ther- gilles		
13. NAME THE GILLS  14. BIRTHPLACE (city or town) Live Canal	Name of operation Date o	
(State or country)		an autopsy?
15. MAIDEN NAME Charlets Beasett	23. II death was due to external causes (VIOLENCE) fill in also the follow	
16. BIRTHPLACE (city or town) Muhamma (State or country)	Accident, suicide, or homicide? Date of injury Where did injury occur?	
7. INFORMANT Fred Hamelburg (Address)	(Specify city or town, county and Specily whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	Stale) PLACE.
8. BURIAL, CREMATION, DR REMOVAL Place Part 17, 1973	Manner of injury	
9. UNDERTAKER John ( Tofin Your. (Address) Millington, md.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 10/13 1992 Face Balle Scott	(Address) Suslandill.	Mia.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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To be complete, an occupation return must state:

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10.-The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
661			
Other contributory causes of importance:	A. P.	Other contributory causes of importance:	
Gallstones	May 1, 1923	Gastroenteritis	1 year
7			

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Stared Helico	Registration Dist. No. 25
Village or City ON Check deel	No. St., Ward
Length of residence in city of Jown where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foraign bifth?
JIII a Man + de	Le Offale so I founder
2. FULL NAME ATTYCA TUGINGO	The state of the s
(a) Residence: No. (Usua place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SET 4. COLOR OR RACE 5. SINGLE, MARRIEO, WIO OWEO, OR DIVORCEO (write the word)	21. DATE OF DEATH OF 11.
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Cool 1/ 1932	Hast saw hale alive on Shellborn 19 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Dull barn
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  Do 10. Date deceased last worked at this occupation (month and the second in this	
- 1 2 the state of	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city of town) Leen Felly (State of country)	
13. NAME ALLU Novace to Lacroton	1.
13. NAME IIII VIJUATA LOSOFOMO	Name of operation. Date of
ti tour sound to the sound of	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME HUggesta steer des	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Company Acres Company	Accident, suicide, or homicide? Oate of injury 0, 19
17. INFORMANT Affey depley	(Specify city or town, county and State) Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Coldeeusse ded	00 7
18. BURIAL, CREMATION, OR REMOVAL Placa Salem Col Campate Oct 71, 1932	Manner of injury Alle
19. UNOERTAKER A. H. G.	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO. Oct. 11, 19. 12 7/2, 14. 2009. Resistrar.	(Signey) of wear of Duelle M. D.
Acgustat.	" (noutess)

11101

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

RECORD. Every item of inforshould state of OCCUPA. PHYSICIANS Exact statement stated EXACTLY. WITH UNFADING INK-THIS IS A PERMANENT properly classified. FOR BINDING certificate. MARGIN RESERVED CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important. B.-WRITE PLAINLY,

V. S. No. 1

ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	92-00
County Lilean Mues	Registration Dist. No. 253
Village or City Stevensville	NoSt., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. / How long in U.S. if of foraign birth?
2. FULL NAME CHURLES ATEUR	y Allisbury
(a) Residence: No.	St, Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR/OR RACE .   5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	21. DATE OF DEATH  (Month)  (Day)  (Year)  220  1 HEREBY CERTIFY: Jobat Lattended deceased from
(or) WIFE OF Harriet flusbury	1 HEREBY CERTIFY, That I attended deceased from 1932, to 9 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6. DATE OF BIRTH (month, day, and year) 186. 22-1865	I last saw h, Ala alive on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8. Trade, profession, or particular	ware as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER OLD CARMEN SAWYER, BOOKKEEPER, etc.	embolia coronar mag
kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and this occup	astirios 1932
10. Date deceased last worked at this occupation (month and 001-193) 11. Total time (years about spant in this year) 12. Total time (years about spant in this year)	Othar Contributory Canses of Importance:
12. BIRTHPLACE (city of town) Lucey aline Co (State or country)	Other Contributory Canses of Importance:
1 1/1 /1/2003	mitalis (decompensated)
13. NAME / NOW ag/ Stansbury  14. BIRTHPLACE (city or town) Suem line Po	Name of operation Oate of
(State or country)  (State or country)  (State or country)  (State or country)	What test confirmed diagnosis?
16. BIRTHPLACE (city or town) Deelen any Ov.	Accident, suicida, or homicide? Date of injury, 19
Harrist Tay al-1211	Where did injury occur? (Specify city or town, county and State)
(Addrass)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Revet Valland Place Data March 11 1932	Manner of injury
	Nature of injury
19. UNDERTAKER T. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20 FILED OCT 9 1932 T. C. Thomas	(Signed) Settstillari M. D.
foral Registrar.	(Addrass) Alaman Vall

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11.- The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-

TION is very important. See instructions on back of certificate.

N. B.-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	<u> </u>
County Q Q. Co	Registration Dist. No. 230
Village or City / Mr Auglevelle	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?yrsds,
2. FULL NAME "Bake" Lingth	
(a) Residence: No. 1/ Ludwell	Brack Ward.
(Usual place of abode)	ff nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male  4. COLOR OR RACE  While  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 8, 1932 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Chilly	19 to 19
6. DATE OF BIRTH (month, day, and year) 104 8, 32	I last saw h aliye on 19 ; death is said
7. AGE Years Months Days If LESS than I day	to have occurred on the date stated above, am.
ormin.	The PRINCIPAL CAUSE OF DEATH and chaled causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Vou
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	
work was done, as SILK MILL, SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and year)	
PAP il	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) & A. A. M. M. (State or country)	
13. NAME Samuel Erwist	
13. NAME Cassell Print  14. BIRTHPLACE (city or town) Luglurely	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Place of Smith  16. BIRTHPLACE (city or town) And lively	23. If death was due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) And lines	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mas Tel tright (Address)	Specify whether injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Duterville M. Date U. 9, 1932	Nature of Injury
19. UNDERTAKER John J. John John	24. Was disease or injury in any way related to occupation of deceased?
(Address) mellington, mel.	If so, specify
20. FILED CET 192 Registrar.	(Signed) 1 March Court M. D.  (Address) And March Marc

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927		3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
		,	

E.

state

should

of OCCUPA-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	1. PLACE OF DEATH	(3)
	County Queen and	Registration Dist. No. 252
	Village or City / Durris rule	No. St., Ward
	Length of residence In city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U. S. if of foreign birth?yrs,mosds
	2. FULL NAME Char. Wright	
	(a) Residence: No.	St., Ward.
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
	5a. If married, widowed, or divorced	(Month) (Day) (Year)
	HUSBAND OF Sallye Wreght	22. I HEREBY CERTIFY, That I ettended deceased from
e.	6. DATE OF BIRTH (month, day, and year) May 15-57	I last saw h alive on G 7 10 ,1932; death is said
certificate	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 6 - P-m.
erti	75 4 2 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
of c	8. Trade, profession, or particular kind of work done, as SPINNER, Naturomum SAWYER, BDDKKEEPER, etc.	Chronic Sectionation hapterities
back	9 Industry or business in which	
on	SAW MILL, BANK, etc	
instructions	12. BIRTHPLACE (city or town) 2 0 0 0 (State or country)	Dther Contributory Causes of importance:
ıstrı	# 13. NAME The Cuff	
See ir	14. BIRTHPLACE (city or town) 2.a. Co. Sulv.  (State or country)	Name of operation Date of
	# 15. MAIDEN NAME Louise Bonds	What test confirmed diagnosis? Was there an autopsy?
important	16. BIRTHPLACE (city or town) 2.a. 0 (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
	17. INFORMANT Chrise Wright (Address) Jonan Sland Mile.	Where did injury occur?
very	18. BURIAL, CREMATION, OR KEMOVAL .	Manner of injury
Si S	Place / Durriaville Date 10-14, 1932	Nature of injury
TION	19. UNDERTAKER Roby. W. Edding (Address) Controvin	24. Was disease or injury in any way related to occupation of deceased?
1	20. FILED 10-11- 1932 Polt W. Eddin	(Signed) W. D. Ja Fralcer M. D
1	Registrar.	(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4 000	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state KECORD. Every item of infor-Exact statement of OCCUPA. stated EXACTLY. IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be B.—WRITE PLAINLY,

V. S. No. 1

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STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	59
County Lucen Unne	Registration Dist. No. 252
Village or City Centreville	No. St., Ward
Length of residence in city or town where death occurredwrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Sarah Holmes	Wright
(a) Residence: No.	St., / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLORAOR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Fernale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced	
(or) WIFE of Walter 1. Wright	22. HER/EBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) April 16-1869	I last saw h. alive on Det, 15- 1977; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
63 6 0 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, piofession, or particular	Date of onset
SAWYER, BOOKKEEPER, etc. House wife	Jacoby & Dayens
kind of work done as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	)
10. Date deceased last worked at this occupation (month end year)	
Boot O+	Other Contributory Causes of importance:
12. BfRTHPLACE (city or town) (State or country)	thinte
13, NAME 71) illiam Halanes	
14. BIRTHPLACE (city or town) Ma	Name of operation Dete of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME (In a Frice Weight 16. BIRTHPLACE (city or town) Centreville. M. C.	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) (extreville M.	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs. Joensole Wright (Address) Centherillo md	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Centreville Date Ust. 18-,1932	Nature of injury
19. UNDERTAKER Port. U. Coddina (Address) Centro ville mo	24. Was disease or injury in any way related to occupation of deceased?
12 16 21 (6.12)	(Signed) A M.D.
20. FILED 10-15- 1932 NOFT. W. Cadamb Nept. Registrar.	(Address) Marie M. C.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RUBEAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year